

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 110400002		CITY OR TOWN	N SHEFFIEL	עי
APPLICATION FO	R RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
DOING BUSINESS ADDRESS 650 NO CITY/TOWN: SH MANAGER: DU	EFFIELD		ZIP CODE: taurant	01257 CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
ENTIRE FIRST FL I hereby certify and 1. the renev 2. the licent	CLICENSED PREMISON OOR CONSISTING Consumer under penalties wed license will be of see has complied with the see has complied with the see has provided the see has complied with the see has provided the see has complied with the see has provided the see has complied with the see has complied with the second	OF TWO ROOMS, K of perjury that: the same type for the all laws of the Comm	ITCHEN, STORA same premises no nonwealth relating	w licensed;	
SIGNED BY:	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:	TELEPHON	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are ed by the building ins certificate of liquor	spector and the head	of the fire depar	rtment for the	above named
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expl	lain)		LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 110400003		CITY OR TOWN SHE	FFIELD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAME	: SHEFFIELD PUB	, INC., THE		
DOING BUSINESS	S A			
ADDRESS MILLE	R AVE & MAIN ST			
CITY/TOWN: SH	EFFIELD	STATE: MA	ZIP CODE: 012	57
MANAGER: BO	IBEAUX, JOAN TY	PE OF LICENSE: Re	staurant CATEG	ORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMI	SES:		
	OG. WITH BASEME WO ROOMS IN PUB		NT UPSTAIRS. FIVE RC	OOMS IN
I hereby certify and	swear under penaltie	s of perjury that:		
1. the rene	wed license will be of	the same type for the	same premises now licens	ed;
2. the licen	see has complied with	h all laws of the Com	monwealth relating to taxes	s; and
3. the prem	nises are now open for	r business (If not expl	ain below)	
SIGNED BY:				
	Individual, Partne	r or Authorized Corpo	orate Officer	
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDEN	ΓΙΓΙCATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004, signe	ed by the building in	spector and the head	e certificate required by d of the fire department f equired by Chapter 116	or the above named
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved exp	lain)			
			-	
DATE:				
APPLICATION FOR RENI	EWAL MUST BE FILED BY I	LICENSEES DURING THE M	IONTH OF NOVEMBER (M.G.L. Ch	. 138 \$ 16A)



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 110400012	CHY	OK TOWN	SHEFFIEL	D
APPLICATION FO	R RENEWAL: And	nual	LICENS	ED FOR 20	13
	CL	ASS			YEAR
	: SHEFFIELD WINE CELLAR, SAAVC VIDEO SHOWCASE	INC.			
ADDRESS MAIN	STREET				
CITY/TOWN: SH	EFFIELD STATE	: MA ZI	P CODE:	01257	
MANAGER: BOI F.	BEAUX, JOAN TYPE OF LICE	NSE:Package S	tore CA	TEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSITE AND ENT	ER YOUR EMAIL ADD	RESS		
DESCRIPTION OF	LICENSED PREMISES:				
2. the licen	wed license will be of the same typesee has complied with all laws of tises are now open for business (If Individual, Partner or Authoriz	the Commonwea not explain belo	alth relating to ow)		
DATE:	TELEPHONE NUMBER		EMPLOYER I		ION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved exp	lain)	LOC By:	CAL LICENSI	NG AUTHO	DRITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	110400014		CITY OR TOV	VN SHEFFIEL	D
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS MAIN ST	SILK'S VARIET				
		STATE: MA	ZID CODE	. 01257	
CITY/TOWN: SHEF			ZIP CODE		
MANAGER: SILK,	SUSAN TY	PE OF LICENSE: Pac	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
		EBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L			ELOOD ADADI	NATE NO.	
TWO STORY BLDG.			FLOOR APART	MENT	
I hereby certify and sw					
		the same type for the	=		
2. the licensee	has complied with	all laws of the Com	monwealth relati	ng to taxes; and	
3. the premise	es are now open for	business (If not expl	ain below)		
SIGNED BY:					
	Individual, Partner	r or Authorized Corpo	orate Officer		
DATE:	TELEPHON	IE NUMBER:	EMPLO	YER IDENTIFICAT	TION NUMBER:
			(Note: NOT	Individual Social S	ecurity Number)
Please Check Below: APPROVED:				ENSING AUTHO	ORITY
DISAPPROVED:			By:		
(If disapproved explain	 n)				
(11 disapproved explain	/				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 110400015		CITY OR TOWN	SHEFFIELD
APPLICATION FOR	R RENEWAL:	Annual	LICENSI	ED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	ARCHITEC	ΓS DEVELOPMENT CO	., INC.	
DOING BUSINESS	A RACE BRO	OOK LODGE		
ADDRESS 864 S. U	NDERMOUN'	TAIN ROAD		
CITY/TOWN: SHE	FFIELD	STATE: MA	ZIP CODE:	01257
	HSTEIN, TD S.	TYPE OF LICENSE:In	nholder CA	TEGORY: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF				
	The state of the s	NG AREA, OPEN KITCH ANCE ON WEST SIDE		
2. the license	ee has complie ses are now op	be of the same type for the d with all laws of the Conen for business (If not expanded) artner or Authorized Corp	nmonwealth relating to	
DATE:	TELEI	PHONE NUMBER:		DENTIFICATION NUMBER: idual Social Security Number)
Acts of 2004, signed	d by the buildi	ve are in possession (1) t ing inspector and the hea iquor liability insurance	ad of the fire departm	ent for the above named
Please Check Below:			LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVED: [nin)			
(ii disupproved expit	••••			
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 110400017		CITY OR TOWN	SHEFFIEL	D
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: JACQUELINE	M. ROBARGE			
DOING BUSINESS A P.J.'S CONVI	ENIENCE STORE			
ADDRESS 139 SOUTH MAIN STRI	EET			
CITY/TOWN: SHEFFIELD	STATE: MA	ZIP CODE:	01257	
MANAGER:	ΓΥΡΕ OF LICENSE:Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PRE	MISES:			
GROUND LEVEL OF 2 STORY. ST	ORE HAS 2 SEPARAT	E ROOMS		
I hereby certify and swear under penal	lties of perjury that:			
1. the renewed license will be	of the same type for the	same premises now	licensed;	
2. the licensee has complied v	with all laws of the Com	monwealth relating to	taxes; and	
3. the premises are now open	for business (If not expl	ain below)		
SIGNED BY:				
	tner or Authorized Corp	orate Officer		
DATE: TELEPH	ONE NUMBER:	EMPLOYER	IDENTIFICAT	TION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
Please Check Below:			INIC ATTEM	ADITY
		LOCAL LICENS	ING AUTHO	JKII I
APPROVED:		LOCAL LICENS By:	ING AUTHO	JRII I
APPROVED: DISAPPROVED:			ING AUTHO	JKII I
APPROVED:			ING AUTHO	JKII I
APPROVED: DISAPPROVED:			ING AUTHO	JKII I



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 110400018		CITY OR TOWN SHE	FFIELD
APPLICATION FO	R RENEWAL:	Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NAME	: ARCHITEC	TS DEVELOPMENT CO,	INC	
DOING BUSINESS	A STAGECO	OACH TAVERN		
ADDRESS 854 SO	UTH UNDERN	MOUNTAIN RD		
CITY/TOWN: SH	EFFIELD	STATE: MA	ZIP CODE: 012	57
MANAGER: ROT DAY	ΓΗSTEIN, VID	TYPE OF LICENSE: In	nholder CATEG	ORY: All Alcohol
EMAIL ADDRESS	:			
		T OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS	
DESCRIPTION OF		REMISES:		
RESTAURANT AN	ID INN			
3. the prem		Partner or Authorized Corp		
DATE:	TELE	PHONE NUMBER:		TIFICATION NUMBER: Social Security Number)
Acts of 2004, signe	ed by the build	ing inspector and the hea	ne certificate required by d of the fire department f required by Chapter 116	for the above named
Please Check Below:			LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVED: (If disapproved expl	Lain)			
(ii disappioved expl	(dill)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	110400020		CITY OR TOWN	SHEFFIEL	D
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	GREAT BARRIN	NGTON MARKETPL	ACE INC.		
DOING BUSINESS A	THE MARKET	PLACE CAFÉ			
ADDRESS 18 ELM C	COURT				
CITY/TOWN: SHEF	FIELD	STATE: MA	ZIP CODE:	01257	
MANAGER: SCHM	IITZ, KEVIN TY	PE OF LICENSE:Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
		WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF L			NORTH A WEST	2.45.4	
APPROXIMATELY 9 COMPILANT REST			I NORTH, I WEST	, 2 ADA	
I hereby certify and sw	ear under penaltie	es of perjury that:			
1. the renewed	d license will be o	f the same type for the	same premises now	licensed;	
2. the licensee	e has complied wit	th all laws of the Com	monwealth relating to	o taxes; and	
3. the premise	es are now open fo	or business (If not expl	ain below)		
SIGNED BY:	Individual, Partne	er or Authorized Corn	orate Officer		
	-	of Municipal Corp.			
		er of Authorized Corp			
		er of Authorized Corp.			
DATE:	TELEPHO	, and the second se	EMPLOYER	R IDENTIFICAT	ION NUMBER:
DATE:	ТЕГЕРНО	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Inc		
DATE: We the undersigned,		NE NUMBER:	(Note: NOT Ind	lividual Social S	ecurity Number)
	attest that we ar	NE NUMBER: re in possession (1) th nspector and the head	(Note: <u>NOT</u> Ind e certificate require d of the fire departs	lividual Social S ed by Chapte ment for the	er 304 of the above named
We the undersigned, Acts of 2004, signed license and (2) the ce	attest that we ar	NE NUMBER: re in possession (1) th nspector and the head	(Note: <u>NOT</u> Ind e certificate require d of the fire departs	lividual Social S ed by Chapte ment for the r 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, Acts of 2004, signed license and (2) the ce Please Check Below: APPROVED:	attest that we ar	NE NUMBER: re in possession (1) th nspector and the head	(Note: <u>NOT</u> Indeed of the fire departing the control of the fire department of th	lividual Social S ed by Chapte ment for the r 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, Acts of 2004, signed license and (2) the ce Please Check Below: APPROVED: DISAPPROVED:	attest that we ar by the building in ertificate of liquo	NE NUMBER: re in possession (1) th nspector and the head	(Note: NOT Indeed of the fire department of the LOCAL LICENS	lividual Social S ed by Chapte ment for the r 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, Acts of 2004, signed license and (2) the ce Please Check Below: APPROVED:	attest that we ar by the building in ertificate of liquo	NE NUMBER: re in possession (1) th nspector and the head	(Note: NOT Indeed of the fire department of the LOCAL LICENS	lividual Social S ed by Chapte ment for the r 116 of the	er 304 of the above named Acts of 2010.
We the undersigned, Acts of 2004, signed license and (2) the ce Please Check Below: APPROVED: DISAPPROVED:	attest that we ar by the building in ertificate of liquo	NE NUMBER: re in possession (1) th nspector and the head	(Note: NOT Indeed of the fire department of the LOCAL LICENS	lividual Social S ed by Chapte ment for the r 116 of the	er 304 of the above named Acts of 2010.



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 1	10400021		CITY	OR TOW	'N SHEFFIEL	.D
APPLICATION FOR R	ENEWAL:	Annual		LIC	ENSED FOR 20	013
		CLASS				YEAR
LICENSEE NAME: S	AVTOM					
DOING BUSINESS A	VILLAGE ON TH	E GREEN REST	TAURANT	T AND PI	ZZERIA	
ADDRESS 113 MAIN	STREET					
CITY/TOWN: SHEFF	TELD	STATE: M	A ZI	P CODE:	01257	
MANAGER: BENOI'	Γ, URANIA TYPE	E OF LICENSE:	Restaurant		CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:						
PLE	ASE ALSO VISIT OUR WEB	SITE AND ENTER YOU	R EMAIL ADD	RESS		
DESCRIPTION OF LIC	CENSED PREMISE	ES:				
DINING ROOM, 2 KIT THE FIRST FLOOR W WALLEXIT FROM REAR WALLBASE	TTH ENTRANCE/I SECOND KITCHE	EXIT TO DININ N ON SOUTH	NG ROOM	ON FRO	NT(EAST)	
I hereby certify and swe	ar under penalties o	f perjury that:				
1. the renewed	license will be of th	e same type for	the same p	remises n	ow licensed;	
	has complied with a				g to taxes; and	
3. the premises	are now open for b	usiness (If not ex	xplain belo	ow)		
SIGNED BY:	ndividual, Partner o	r Authorized Co	orporate Of	ficer		
DATE:	TELEPHONE	NUMBER:			YER IDENTIFICAT	
			(1	Note: NOT	Individual Social S	Security Number)
We the undersigned, a Acts of 2004, signed b license and (2) the cer	y the building insp	ector and the h	ead of the	fire depa	artment for the	above named
Please Check Below:			LOC	CAL LICE	NSING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain)	1					
(11 disapproved explain)	•					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 110400023	CITY OR TOWN SHEFFIELD
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: ARCHITECTS DEVELOPMENT CO.	INC.
DOING BUSINESS A BARN SPACE CATERING	
ADDRESS 864 SOUTH UNDERMOUNTAIN ROAD	
CITY/TOWN: SHEFFIELD STATE: MA	ZIP CODE: 01257
MANAGER: ROTHSTEIN, TYPE OF LICENSE: Ge pro	eneral on CATEGORY: All Alcohol emise
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR F	MAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	AID THE LOWER LEVEL VOCA BOOM
MAIN FUNCTION ROOM AND THREE BATHROOMS AND PREP KITCHEN, EXERCISE ROOM AND SERVIE AREA	
I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the 2. the licensee has complied with all laws of the Com 3. the premises are now open for business (If not exp	monwealth relating to taxes; and
SIGNED BY: Individual, Partner or Authorized Corp	orate Officer
	orate Officer
	orate Officer EMPLOYER IDENTIFICATION NUMBER:
Individual, Partner or Authorized Corp	
Individual, Partner or Authorized Corp	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above named
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the healicense and (2) the certificate of liquor liability insurance of the Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above named
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hear license and (2) the certificate of liquor liability insurance of the Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above named required by Chapter 116 of the Acts of 2010.
Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heal license and (2) the certificate of liquor liability insurance in the please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the hear license and (2) the certificate of liquor liability insurance of the Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY
Individual, Partner or Authorized Corp DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heal license and (2) the certificate of liquor liability insurance in the please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) The certificate required by Chapter 304 of the dof the fire department for the above named required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY